help the buyer determine the sex of the foetus through DNA analysis at home.

4. The matter was referred to the Ministry of Communications and IT to block the offending websites. But, that Ministry expressed the view that such an action did not render the promoters of such sites completely ineffective as they could re-emerge and be available for the viewers again under a new nomenclature and in a new avatar.

5. To identify the people involved, the issue was then taken up with the Department of Revenue, Ministry of Finance, to trap the people importing the sex determination kits pandered by the offending overseas websites into the Country.

6. The Ministry of Health requested the Customs Department for details of the individuals or organisations who have imported the sex determination (Gender Testing)kits from abroad to facilitate the Government to proceed further against such people under Section 23 (3) of the PC & PNDT Act and also to intercept and not release such articles under Sub-Section (2) (k), (u) and (v) of Section 11 under Chapter IV of the Customs Act, 1962 (52 of 1962), *vide* the Government's letter dated 29.11.2007 and 5.1.2008.

7. In response to the Government's above request, the Customs Department have suitably alerted their field formations not to release the imported Gender Testing Kits and to take appropriate action under the Customs Act .

Disabilities due to alcohol consumption

*229. SHRIMATI SHOBHANA BHARTIA:
PROF. ALKA BALRAM KSHATRIYA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that consumption of alcohol is ruining the health of millions of young people in the country;

(b) if so, the details thereof;

(c) whether alcoholism is creating host of diseases and disabilities in people;

(d) whether Government proposes to take some tough decisions to check alcoholism in the country; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) The Government is cognizant of the fact that consumption of alcohol in excessive amounts can lead to social, economic and health related problems. A study conduced by NIMHANS for WHO published in the year 2006 shows that nearly 30% of adult men and less than 5% of women consume alcohol giving a male to female ratio of 6:1. Alcohol use is higher in poor communities. The average age of initiation has reduced from 28 years during the 80s to 20 years in recent years.

Alcoholism could lead to liver disease and brain damage, gastro intestinal diseases, peptic ulcer, pancreatic diseases, nervous system related diseases, alcoholic dementia, alcoholic memory loss, peripheral nerve damage, muscle damage, cancer of several body organs, hypertension and coronary heart diseases etc. Besides severe health problems, accidents also take place resulting in head injuries and hospitalizations.

The policy with regard to sale and distribution of alcohol is within the purview of the State Governments. Therefore, the efforts made to contain the damage done by alcoholism vary from State to State. The business of alcohol is a controlled one and without a licence issued by the respective State Government, no one can sell alcoholic beverages. Selling of alcoholic beverages to minors is prohibited. A high rate of State excise duty is levied to dissuade people from consuming alcohol. Advertisements of alcoholic beverages have been banned by the Government.

Apart from this, clinical care, building awareness, counselling and rehabilitation is made available through de-addiction centres and counselling centres run/funded by the Government.

Tobacco consumption by young women

*230. PROF. ALKA BALRAM KSHATRIYA:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether WHO in its first report on global tobacco use and control efforts, has revealed that the use of tobacco by young women in India is rapidly increasing;

(b) if so, the facts and the details thereof;

(c) whether the steps taken by Government to control use of tobacco by citizens have not been proved effective; and

(d) if so, the reasons therefor and further strategies adopted to check the use of tobacco, which is affecting the lives of citizens?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) WHO report on Global Tobacco Epidemic 2008, has revealed rise in *tobacco use among young women in high population countries. The report has projected the* trend having portents of an ominous potential of an epidemic. The report also indicates that women smoke at about one fourth rate of men and tobacco industry is aggressively marketing to tap this potential. As per NFHS-3, data published in 2007, 10.8% Women in India consume some form of tobacco.

Government of India has enacted a strong Tobacco Control Act, namely The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003, which provides for the following:—

- Prohibition of direct and indirect advertisement of all tobacco products.
- Prohibition of smoking in a public place.
- Prohibition of sale of all tobacco products to a person below the age of 18 years.
- Prohibition of sale of all tobacco products within a radius of 100 yards of educational institutions.
- Mandatory depiction of statutory warning (including pictorial warnings) on tobacco packs.
- Regulation of Nicotine and Tar Content (yet to be enforced).

State Governments are the implementing agencies for various provisions of the Act. As the implementation of the Act in various States is not to the desired level, the Central Government proposes strengthening the capacity of the States/Districts under a new National